HealthPort P.O. Box 409740

Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941 (770) 754 - 6000

HealthPort.
INVOICE

Invoice #: 0105803100 Date: 3/8/2012 Customer #: 629395

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JONATHAN O HARRIS OGLETREE DEAKINS NASH ET AL SUNTRUST PLAZA STE 1200 401 COMMERCE ST NASHVILLE, TN 37219Bill to:

JONATHAN O HARRIS OGLETREE DEAKINS NASH ET AL SUNTRUST PLAZA STE 1200 401 COMMERCE ST NASHVILLE, TN 37219Records from:

PSYCHIATRIC HOSP AT VANDERBILT 1601 23RD AVENUE SOUTH NASHVILLE, TN 37212

Requested By: OGLETREE DEAKINS NASH ET AL

Patient Name: ROBERTS KAYLA

SSN: DOB: *****2058

RECEIVED

700605.4

121692

MAR 1 2 2012

Description	Quantity	Unit Price	Amount
Basic Fee			18.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	22	0.60	13.20
Per Page Copy (Paper) 2	45	0.85	38.25
Per Page Copy (Paper) 3	5	0.00	0.00
Shipping			5.15
Subtotal			74.60
Sales Tax		;	6.90
Invoice Total			81.50
- · · · - · · · · · · · · · · · · · · ·			81.50
endor # 22 1756 Location # 106			
imekeeper #			
G/L Code 020/2			
Client Matter # 700605.4			
Cost Code			
Youcher # 876975 Pay Date 4/3	at www.HealthPort	Pay.com	
Terms: Net 30 days Please remit	this amount: \$8	1.50 (USD)	

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	EXHIBIT
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Invoice #: 0105803100	
Check #	
Payment Amount \$	
	Check #

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000. Email questions to Collections@healthport.com.